'ART B - FEE(S) TRANSMITTAL

MAR 0	5 2007 Shorted be used to	her with applicable	or <u>Fax</u> (Con P.O Alex (571	nmissioner for Box 1450 kandria, Virgi 1)-273-2885	r Patei inia 22	313-1450	should be complete	ed where	
ppropriate. All further correspondence including the Patent, advance orders and notifindicated unless corrected belower directed otherwise in Block 1, by (a) specifying a naintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
34469 BAYER CROF Patent Departme 100 BAYER RO PITTSBURGH,	nt AD		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Richard E. L. Henderson (Depositor's name)							
03/06/2007 RMEBR		F	ebruary 28	<u>/_2/</u>	07	(Signature) (Date)			
OSPICION NO.	300.00 PHING DATE		FIRST NAMED INVENT	OR		ATTOR	NEY DOCKET NO.	CONFIRMATION	NO.	
10/765,249	01/27/2004		Reiner Fischer			MO74	24D/LEA 34,320	9562		
TITLE OF INVENTION: COMBINATIONS OF ACTIVE INGREDIENTS WITH INSECTICIDAL AND ACARICIDAL PROPERTIES										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	Æ	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DU	Ε	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	03/29/200	7	
EXAM	CLASS-SUBCLASS									
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PLEASE NOTE: Uni	(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a listed, no name will THE PATENT (print or	appear on the patent. If an assignee is identified below, the document has been filed for								
(A) NAME OF ASSI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(B) RESIDENCE: (CI		U	OUNTR	XY) :			
Bayer: Aktiengesellschaft, Leverkusen, Germany										
la. The following fee(s)	are submitted:	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number								
a. Applicant claim	tus (from status indicate s SMALL ENTITY state	ıs. See 37 CFR 1.27.	☐ b. Applicant is no	longe	er claiming SMAL	L ENTI	TY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.										
Authorized Signature		L Harda			Date <u>Feb</u>	ruary	28, 2007			
• • •	_e Richard E.L				Registration No					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and subtracting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										

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